

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$2,124.00 for date of service 10/08/01?
b. The request was received on 01/18/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/14/02
 - b. HCFA(s)
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. There is not a signed sheet, nor a 14 day response; therefore, Medical Review will review all information in the case file.

III. PARTIES' POSITIONS

1. Requestor:

“The code 15732 is for the vascularized scalene fat flap. The patient underwent neurolysis of the brachial plexus and the vascularized scalene fat flap is an integral part of this surgery to help reduce adhesions between the brachial plexus and the raw surface of the middle scalenotomy. Also this allows the brachial plexus to lay upon a good soft tissue environment to retain its mobility upon this environment. This fat flap is an integral part of the surgery and has proven to be an important advancement in thoracic outlet surgery. Therefore I feel that this code should be reimbursed fully.”

2. Respondent:

The Respondent did not submit a letter to the Request for Medical Dispute Resolution.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10/08/01.
2. The denial on the carrier's EOB is 122-"Documentation does not meet the criteria for use of this CPT code."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
10/08/01	15732	\$2,124.00	\$0.00	122	\$2,124.00	TWCC Rule 133.304 (c) GSDOS (page v)	<p>The Carrier denied the CPT code 15732, as "Documentation does not meet the criteria for use of this CPT code."</p> <p>According to TWCC Rule 133.304 (c) "...The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s). A generic statement that simply states a conclusion such as 'not sufficiently documented' or other similar phrases with no further description of the reason for the reduction or denial payment does not satisfy the requirements of this section."</p> <p>The GSDOS page v states 'Generic' intraoperative services excluded from the global service package, when surgically indicated: 2. complicated wound closure requiring local or distant flap coverage and/or skin graft (e.g., codes...15570-15776)."</p> <p>Medical documentation indicates that the services were rendered and that CPT code is not global to the primary procedure 64713 and reimbursement is recommended.</p>
Totals		\$2,124.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$2,124.00.

The above Findings and Decision are hereby issued this 21st day of June 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,124.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 21st day of June 2002.

Carolyn Ollar, R.N., B.A.
Medical Dispute Resolution Officer
Medical Review Division

CO/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.